



MONTH	YEAR
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SOLICITOR NAME (AS LICENSED WITH MISSOURI)		MISSOURI LICENSE NO.	
STREET ADDRESS	CITY	STATE	ZIP

Report all sales made to wholesale dealers on this form. **DO NOT** report any credits on this form. The original of this report must be postmarked to the Division of Alcohol and Tobacco Control, Jefferson City, Missouri not later than the 15th of each month. Duplicate copy to be retained for your files. Copies of all invoices must be submitted with this form.

WHOLESALER'S MO. LICENSE NO.	Ship to:	WHOLESALER NAME	INVOICE NUMBER	WINE GALLONS	
	Ship to:	WHOLESALER CITY	INVOICE DATE	SPIRITS	WINES
	Name:		Inv.#		
	City:		Inv.Date		
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